

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L18944**

1. Corporation Name

**VIVRA NETWORK SERVICES, INC.**

Principal Place of Business

**1850 GATEWAY DRIVE, SUITE 500  
SAN MATEO CA 94404  
US**

Mailing Address

**1850 GATEWAY DRIVE, SUITE 500  
SAN MATEO CA 94404  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/26/1989**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C-F CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324**

81

Name

**NRAI Services, Inc.**

82

Street Address (P.O. Box Number is Not Acceptable)

**526 E. Park Avenue**

83

84

City

**Tallahassee**

FL

85

Zip Code

**32301**

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

**CHARLES BACLET, V.P.**

**July 7, 1999**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **THIRY, KENT J**

STREET ADDRESS **1850 GATEWAY DRIVE, SUITE 500**

CITY-ST-ZIP **SAN MATEO CA 94404**

TITLE **DP** ☐ DELETE

NAME **HODGES, WILLIAM**

STREET ADDRESS **1850 GATEWAY DRIVE, SUITE 500**

CITY-ST-ZIP **SAN MATEO CA 94404**

TITLE **D** ☐ DELETE

NAME **ZUMWALT, LEANNE M**

STREET ADDRESS **1850 GATEWAY DRIVE, SUITE 500**

CITY-ST-ZIP **SAN MATEO CA 94404**

TITLE **S** ☐ DELETE

NAME **OTT, CHARLES W**

STREET ADDRESS **1850 GATEWAY DRIVE, SUITE 500**

CITY-ST-ZIP **SAN MATEO CA 94404**

TITLE **T** ☒ DELETE

NAME **TUMBARELLO, STEVE**

STREET ADDRESS **1850 GATEWAY DRIVE, SUITE 500**

CITY-ST-ZIP **SAN MATEO CA 94404**

TITLE **V** ☒ DELETE

NAME **MILLER, RHONDA**

STREET ADDRESS **1850 GATEWAY DRIVE, SUITE 500**

CITY-ST-ZIP **SAN MATEO CA 94404**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**Treasurer**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**Charles Baclet, V.P.**

7/1/99

(650) 577-5700

CR2E034 (5/99)

0123211

**FILED**  
**Jul 29, 1999 8:00 am**  
**Secretary of State**

07-29-1999 90011 016 \*\*\*150.00





1850 GATEWAY DRIVE  
SUITE 500  
SAN MATEO  
CALIFORNIA 94404

TEL (650) 577-5700  
FAX (650) 345-7710

July 14, 1999

Annual Report Filings  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Enclosed please find the 1999 Annual Report for Vivra Network Services, Inc. Also enclosed is a check for \$150.00 representing the filing fee for the report. We did not receive the first notice, therefore, the additional penalties have not been included on the directive of a representative of the Florida Division of Corporations.

If you have any questions concerning the enclosed documents please contact the undersigned at (650) 577-5510. Thank you very much.

Sincerely,

Patrick Mullins  
Corporate Legal Administrator

L18944  
598048-90011-16